

FROM McANDREWS, HELD, & MALLOY

(MON) 7.11'05 11:17/ST. 11:17/NO. 4861050715 P 1



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TO: M. Milord

FAX NO.: (703) 872-9306

Examiner, Group Art Unit 2682

FROM: Michael T. Cruz


USER ID: 8084

CLIENT: 1772

MATTER: 15258US06

Number of Pages This Transmission (Including Cover Page): 7

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Michael T. Cruz
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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/698,550
		Filing Date	October 27, 2000
		First Named Inventor	Moloudi
		Art Unit	2682
		Examiner Name	M. Milord
Total Number of Pages in This Submission	6	Attorney Docket Number	15258US06
ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request – one month – filed in duplicate <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) - filed in duplicate <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):		Remarks	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	McAndrews Held & Malloy, Ltd.		
Signature	<i>Michael T. Cruz</i>		
Printed Name	Michael T. Cruz		
Date	July 11, 2005		
CERTIFICATE OF FAX TRANSMITTAL			
I hereby certify that this correspondence is being sent via facsimile to Examiner M. Milord at the United States Patent and Trademark Office, fax No. 703 872 9306, on July 11, 2005.			
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	July 11, 2005

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Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).		Complete if Known					
FEE TRANSMITTAL for FY 2005		Application Number	09/698,550				
		Filing Date	October 27, 2000				
		First Named Inventor	Moloudi				
		Examiner Name	M. Milord				
		Art Unit	2682				
		Attorney Docket No.	15258US08				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT (\$)		620.00					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy							
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	120	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description				Small Entity			
				Fee (\$)	Fee (\$)		
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent				50	25		
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200	100		
Multiple dependent claims				360	180		
Total Claims		Extra Claims		Fee (\$)	Fee Paid (\$)		
-20 or HP		x		=	Multiple Dependent Claims		
HP = highest number of total claims paid for, if greater than 20					Fee		Fee Paid (\$)
Indep. Claims		Extra Claims		Fee (\$)	Fee Paid (\$)		
-3 or HP		x		=			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)
-100		/50		(round up to a whole number)		x	=
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fee Paid (\$)
Other: Notice of Appeal \$500; 1-mo. ext. of time \$120							620
SUBMITTED BY							
Signature		Registration No.		Telephone			
Name (print/type)		(Attorney/Agent)					
Michael T. Cruz		44,636		(312) 775-8000			
				Date		July 11, 2005	

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